

United States Bankruptcy Court Northern District of Illinois							Voluntary Petition		
Name of Debtor (if individual, enter Last, First, Middle): <b>Buchanan, Angela Bradford</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Buchanan, William</b>					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>5820</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>7341</b>					
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>14636 Clark St Dolton, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>14636 Clark St Dolton, IL</b>					
ZIPCODE <b>60419-1526</b>				ZIPCODE <b>60419-1526</b>					
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business: <b>Cook</b>					
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):					
ZIPCODE				ZIPCODE					
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.					
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY		
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000									
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Buchanan, Angela Bradford &amp; Buchanan, William</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between;"> <span><b>X</b> <u>/s/ Nicolette Robovsky</u></span> <span><b>1/09/09</b></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: center; margin-top: 10px;">                 _____                  (Name of landlord or lessor that obtained judgment)             </div> <div style="text-align: center; margin-top: 10px;">                 _____                  (Address of landlord or lessor)             </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Buchanan, Angela Bradford &amp; Buchanan, William</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ Angela Bradford Buchanan</u> Signature of Debtor <b>Angela Bradford Buchanan</b>  <b>X</b> <u>/s/ William Buchanan</u> Signature of Joint Debtor <b>William Buchanan</b>  _____ Telephone Number (If not represented by attorney) <b>January 9, 2009</b> Date		<b>Signature of a Foreign Representative</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ Nicolette Robovsky</u> Signature of Attorney for Debtor(s)  <b>Nicolette Robovsky 6278336</b> <b>Gleason &amp; Gleason</b> <b>77 W Washington, Ste 1218</b> <b>Chicago, IL 60602</b> <b>(312) 578-9530 Fax: (312) 578-9524</b>  <b>January 9, 2009</b> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Petition Preparer</b>  I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address  _____  <b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:    If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Buchanan, Angela Bradford & Buchanan, William**

Printed Name(s) of Debtor(s)

**X /s/ Angela Bradford Buchanan**

Signature of Debtor

**1/09/2009**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ William Buchanan**

Signature of Joint Debtor (if any)

**1/09/2009**

Date

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence at: 14636 Clark St Dolton, IL 60419-1526  (joint with Father)		J	130,000.00	127,435.00
TOTAL			130,000.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account with TCF Bank	W	100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.		1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles		150.00
6. Wearing apparel.		Used Clothing		250.00
7. Furs and jewelry.		Misc Costume Jewelry		200.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life thru work - no cash value		0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement		7,500.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1997 Mercury Cougar</b> <b>1999 Chevy Lumina</b>	<b>J</b> <b>W</b>	<b>3,000.00</b> <b>3,500.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			



SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				16,250.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:  
 (Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE A - REAL PROPERTY</u></b>			
<b>Residence at:</b> <b>14636 Clark St</b> <b>Dolton, IL 60419-1526</b>  <b>(joint with Father)</b>	<b>735 ILCS 5 §12-901</b>	<b>15,000.00</b>	<b>130,000.00</b>
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
<b>Cash on Hand</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>50.00</b>	<b>50.00</b>
<b>Checking account with TCF Bank</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>100.00</b>	<b>100.00</b>
<b>Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>1,500.00</b>	<b>1,500.00</b>
<b>Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles</b>	<b>735 ILCS 5 §12-1001(a)</b>	<b>150.00</b>	<b>150.00</b>
<b>Used Clothing</b>	<b>735 ILCS 5 §12-1001(a)</b>	<b>250.00</b>	<b>250.00</b>
<b>Misc Costume Jewelry</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>200.00</b>	<b>200.00</b>
<b>Retirement</b>	<b>735 ILCS 5 §12-1006(a)</b>	<b>7,500.00</b>	<b>7,500.00</b>
<b>1997 Mercury Cougar</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>2,000.00</b>	<b>3,000.00</b>
<b>1999 Chevy Lumina</b>	<b>735 ILCS 5 §12-1001(c)</b> <b>735 ILCS 5 §12-1001(b)</b>	<b>2,400.00</b> <b>1,100.00</b>	<b>3,500.00</b>

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>3080912000258968</b> <b>American General Finan</b> <b>PO Box 1456</b> <b>Homewood, IL 60430-0456</b>	<b>W</b>	<b>Installment account opened 3/08.</b> <b>Collateral loan secured by 1999 Chevy Lumina</b>  VALUE \$ <b>3,500.00</b>				<b>4,209.00</b>	<b>709.00</b>
ACCOUNT NO. <b>6071306147202572</b> <b>Citifinancial</b> <b>PO Box 499</b> <b>Hanover, MD 21076-0499</b>	<b>X W</b>	<b>Mortgage account opened 10/07.</b> <b>Secured by Residence at: 14636 Clark St, Dolton, IL 60419-1526</b>  VALUE \$ <b>130,000.00</b>				<b>127,435.00</b>	
ACCOUNT NO.		   VALUE \$					
ACCOUNT NO.		   VALUE \$					
<div> <div>0 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ <b>131,644.00</b>	\$ <b>709.00</b>
<div> <div>Total (Use only on last page)</div> </div>						\$ <b>131,644.00</b>	\$ <b>709.00</b>

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2849756</b> <b>Americarecov</b> <b>PO Box 176610</b> <b>Covington, KY 41017-6610</b>	<b>H</b>					<b>180.00</b>
ACCOUNT NO. <b>Kmart</b> <b>Sears Holding Corporation</b> <b>3333 Beverly Rd</b> <b>Hoffman Estates, IL 60192-3322</b>		<b>Assignee or other notification for:</b> <b>Americarecov</b>				
ACCOUNT NO. <b>2849755</b> <b>Americarecov</b> <b>PO Box 176610</b> <b>Covington, KY 41017-6610</b>	<b>H</b>					<b>135.00</b>
ACCOUNT NO. <b>Kmart</b> <b>Sears Holding Corporation</b> <b>3333 Beverly Rd</b> <b>Hoffman Estates, IL 60192-3322</b>		<b>Assignee or other notification for:</b> <b>Americarecov</b>				

<b>10</b> continuation sheets attached	Subtotal (Total of this page)	\$ <b>315.00</b>
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	Total	\$

IN RE Buchanan, Angela Bradford &amp; Buchanan, William

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2846443</b> <b>Americarecov</b> <b>PO Box 176610</b> <b>Covington, KY 41017-6610</b>	<b>H</b>					<b>73.00</b>
ACCOUNT NO. <b>Kmart</b> <b>Sears Holding Corporation</b> <b>3333 Beverly Rd</b> <b>Hoffman Estates, IL 60192-3322</b>		<b>Assignee or other notification for:</b> <b>Americarecov</b>				
ACCOUNT NO. <b>Americash Loan</b> <b>880 Lee St Ste 302</b> <b>Des Plaines, IL 60016-6487</b>		<b>loan</b>				<b>250.00</b>
ACCOUNT NO. <b>Americash Loan</b> <b>3200 W 159th St</b> <b>Markham, IL 60428-4055</b>		<b>Assignee or other notification for:</b> <b>Americash Loan</b>				
ACCOUNT NO. <b>302257</b> <b>Anderson Crenshaw Asso</b> <b>For First Detection Systems Inc</b> <b>12801 N Central Expy</b> <b>Dallas, TX 75243-1716</b>	<b>W</b>	<b>Open account opened 8/06</b>				<b>411.00</b>
ACCOUNT NO. <b>First Detection Systems Inc</b> <b>2175 Vernon Dr Ste 1</b> <b>Elgin, IL 60123-4957</b>		<b>Assignee or other notification for:</b> <b>Anderson Crenshaw Asso</b>				
ACCOUNT NO. <b>1454c4</b> <b>At&amp;T</b> <b>PO Box 451409</b> <b>Atlanta, GA 31145-9409</b>		<b>Utility or Cellular Service</b>				<b>224.00</b>

Sheet no. 1 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **958.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Nco Financial</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>At&amp;T</b>				
ACCOUNT NO. <b>41171723575551</b> <b>Beneficial/hfc</b> <b>PO Box 1547</b> <b>Chesapeake, VA 23327-1547</b>	<b>J</b>	<b>Revolving account opened 4/07</b>				<b>13,267.00</b>
ACCOUNT NO. <b>5524417</b> <b>Cavalry Portfolio Serv</b> <b>7 Skyline Dr Ste 3</b> <b>Hawthorne, NY 10532-2162</b>	<b>H</b>	<b>Open account opened 12/04</b>				<b>274.00</b>
ACCOUNT NO. <b>Sprint Nextel</b> <b>2001 Edmund Halley Dr</b> <b>Reston, VA 20191-3436</b>		<b>Assignee or other notification for:</b> <b>Cavalry Portfolio Serv</b>				
ACCOUNT NO. <b>3494496</b> <b>Cavalry Portfolio Serv</b> <b>7 Skyline Dr Ste 3</b> <b>Hawthorne, NY 10532-2162</b>	<b>H</b>	<b>Open account opened 4/02</b>				<b>259.00</b>
ACCOUNT NO. <b>Circuit City Stores, Inc</b> <b>9950 Mayland Dr # A</b> <b>Richmond, VA 23233-1463</b>		<b>Assignee or other notification for:</b> <b>Cavalry Portfolio Serv</b>				
ACCOUNT NO. <b>3469059</b> <b>Cavalry Portfolio Serv</b> <b>7 Skyline Dr Ste 3</b> <b>Hawthorne, NY 10532-2162</b>	<b>H</b>	<b>Open account opened 4/02</b>				<b>136.00</b>

IN RE Buchanan, Angela Bradford &amp; Buchanan, William

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Best Buy Co, Inc</b> <b>7601 Penn Ave S</b> <b>Minneapolis, MN 55423-3645</b>		<b>Assignee or other notification for:</b> <b>Cavalry Portfolio Serv</b>				
ACCOUNT NO. <b>95922873000407000</b> <b>Cb Accts Inc</b> <b>1101 Main St</b> <b>Peoria, IL 61606-1928</b>	<b>H</b>					<b>376.00</b>
ACCOUNT NO. <b>St Margaret Mercy Hospital</b> <b>5454 Hohman Ave</b> <b>Hammond, IN 46320-1931</b>		<b>Assignee or other notification for:</b> <b>Cb Accts Inc</b>				
ACCOUNT NO. <b>95922858000407000</b> <b>Cb Accts Inc</b> <b>1101 Main St</b> <b>Peoria, IL 61606-1928</b>	<b>H</b>					<b>265.00</b>
ACCOUNT NO. <b>St Margaret Mercy Hospital</b> <b>5454 Hohman Ave</b> <b>Hammond, IN 46320-1931</b>		<b>Assignee or other notification for:</b> <b>Cb Accts Inc</b>				
ACCOUNT NO. <b>95922866000407000</b> <b>Cb Accts Inc</b> <b>1101 Main St</b> <b>Peoria, IL 61606-1928</b>	<b>H</b>					<b>157.00</b>
ACCOUNT NO. <b>St Margaret Mercy Hospital</b> <b>5454 Hohman Ave</b> <b>Hammond, IN 46320-1931</b>		<b>Assignee or other notification for:</b> <b>Cb Accts Inc</b>				

Sheet no. **3** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **798.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Buchanan, Angela Bradford & Buchanan, William

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>95922881000407000</b> <b>Cb Accts Inc</b> <b>1101 Main St</b> <b>Peoria, IL 61606-1928</b>	<b>H</b>					<b>129.00</b>
ACCOUNT NO. <b>St Margaret Mercy Hospital</b> <b>5454 Hohman Ave</b> <b>Hammond, IN 46320-1931</b>		<b>Assignee or other notification for:</b> <b>Cb Accts Inc</b>				
ACCOUNT NO. <b>95922899000407000</b> <b>Cb Accts Inc</b> <b>1101 Main St</b> <b>Peoria, IL 61606-1928</b>	<b>H</b>					<b>109.00</b>
ACCOUNT NO. <b>St Margaret Mercy Hospital</b> <b>5454 Hohman Ave</b> <b>Hammond, IN 46320-1931</b>		<b>Assignee or other notification for:</b> <b>Cb Accts Inc</b>				
ACCOUNT NO. <b>899555</b> <b>Cb Usa Inc</b> <b>5252 S Hohman Ave</b> <b>Hammond, IN 46320-1723</b>	<b>H</b>					<b>150.00</b>
ACCOUNT NO. <b>Melanie Fitness Center</b> <b>14900 Greenwood Rd</b> <b>Dolton, IL 60419-2913</b>		<b>Assignee or other notification for:</b> <b>Cb Usa Inc</b>				
ACCOUNT NO. <b>899556</b> <b>Cb Usa Inc</b> <b>5252 S Hohman Ave</b> <b>Hammond, IN 46320-1723</b>	<b>W</b>					<b>125.00</b>

Sheet no. 4 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **513.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Buchanan, Angela Bradford & Buchanan, William

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Melanie Fitness Center</b> <b>14900 Greenwood Rd</b> <b>Dolton, IL 60419-2913</b>		<b>Assignee or other notification for:</b> <b>Cb Usa Inc</b>				
ACCOUNT NO. <b>6071306128361394</b> <b>Citifinancial</b> <b>PO Box 499</b> <b>Hanover, MD 21076-0499</b>	<b>W</b>	<b>Installment account opened 4/08</b>				<b>4,041.00</b>
ACCOUNT NO. <b>978563978563</b> <b>Creditors Discount And A</b> <b>415 E Main St</b> <b>Streator, IL 61364-2927</b>	<b>H</b>	<b>Open account opened 1/03</b>				<b>391.00</b>
ACCOUNT NO. <b>Emergency Medical Specialists II</b> <b>34404 Eagle Way</b> <b>Chicago, IL 60678-0001</b>		<b>Assignee or other notification for:</b> <b>Creditors Discount And A</b>				
ACCOUNT NO. <b>465050993955</b> <b>Dependon Collection Se</b> <b>For Pathology Associates Of Chicago</b> <b>120 W 22nd St Ste 360</b> <b>Oak Brook, IL 60523-1511</b>	<b>H</b>	<b>Open account opened 3/08</b>				<b>327.00</b>
ACCOUNT NO. <b>Pathology Chp</b> <b>PO Box 2486</b> <b>Indianapolis, IN 46206-2486</b>		<b>Assignee or other notification for:</b> <b>Dependon Collection Se</b>				
ACCOUNT NO. <b>465050629783</b> <b>Dependon Collection Se</b> <b>For Sullivan Urgent Aid</b> <b>120 W 22nd St Ste 360</b> <b>Oak Brook, IL 60523-1511</b>	<b>H</b>	<b>Open account opened 8/05</b>				<b>190.00</b>

Sheet no. 5 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **4,949.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Buchanan, Angela Bradford & Buchanan, William

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Sullivan Urgent Aid Center</b>		<b>Assignee or other notification for: Dependon Collection Se</b>				
ACCOUNT NO. <b>15768093</b> <b>Direct TV</b> <b>PO Box 9001069</b> <b>Louisville, KY 40290-1069</b>		<b>Utility or Cellular Service</b>				<b>385.00</b>
ACCOUNT NO. <b>Fifth Third Bank</b> <b>1850 E Paris Ave SE</b> <b>Grand Rapids, MI 49546-6253</b>		<b>bank fees</b>				<b>150.00</b>
ACCOUNT NO. <b>2947184724</b> <b>Financial Asset Mgmt I</b> <b>PO Box 451409</b> <b>Atlanta, GA 31145-9409</b>	<b>W</b>	<b>Open account opened 8/07</b>				<b>223.00</b>
ACCOUNT NO. <b>At&amp; T Mobility</b> <b>Formerly Cingular Wireless</b> <b>PO Box 6428</b> <b>Carol Stream, IL 60197</b>		<b>Assignee or other notification for: Financial Asset Mgmt I</b>				
ACCOUNT NO. <b>23964</b> <b>First Choice Loans</b> <b>1513 Sibley Blvd</b> <b>Calumet City, IL 60409-2303</b>		<b>loan</b>				<b>350.00</b>
ACCOUNT NO. <b>6658585</b> <b>Harvard Collection</b> <b>4839 N Elston Ave</b> <b>Chicago, IL 60630-2534</b>	<b>H</b>	<b>Open account opened 12/02</b>				<b>1,905.00</b>

Sheet no. 6 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,013.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Roseland Community Hospital</b> <b>67 W 111th St</b> <b>Chicago, IL 60628-4247</b>		<b>Assignee or other notification for:</b> <b>Harvard Collection</b>				
ACCOUNT NO. <b>540801003576</b> <b>Hsbc Bank</b> <b>PO Box 5253</b> <b>Carol Stream, IL 60197-5253</b>	<b>W</b>	<b>Revolving account opened 7/04</b>				<b>1,339.00</b>
ACCOUNT NO. <b>CCB Credit Services</b> <b>PO Box 272</b> <b>Springfield, IL 62705-0272</b>		<b>Assignee or other notification for:</b> <b>Hsbc Bank</b>				
ACCOUNT NO. <b>5407915022295098</b> <b>Hsbc Bank</b> <b>PO Box 5253</b> <b>Carol Stream, IL 60197-5253</b>	<b>W</b>	<b>Revolving account opened 6/05</b>				<b>784.00</b>
ACCOUNT NO. <b>85d64099031</b> <b>Il Dept Of Healthcare</b> <b>509 S 6th St</b> <b>Springfield, IL 62701-1825</b>	<b>H</b>	<b>Open account opened 12/85</b>				<b>16,290.00</b>
ACCOUNT NO. <b>Ingalls Memorial Hospital</b> <b>1 Ingalls Dr</b> <b>Harvey, IL 60426-3558</b>		<b>Medical or Dental Bill</b>				<b>500.00</b>
ACCOUNT NO. <b>Instant Cash Advance</b> <b>1205 E Sibley Blvd</b> <b>Dolton, IL 60419-2928</b>		<b>loan</b>				<b>300.00</b>

Sheet no. 7 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **19,213.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Medical or Dental Bill				
Jackson Park Hospital 7531 S Stony Island Ave # 1 Chicago, IL 60649-3954						500.00
ACCOUNT NO. 6123619	H	Open account opened 9/04				
Mutual Hsp Srvcs In 2525 N Shadeland Ave Indianapolis, IN 46219-1787						184.00
ACCOUNT NO.		Assignee or other notification for: Mutual Hsp Srvcs In				
St James Hospital And Health Center 37653 Eagle Way Chicago, IL 60678-0001						
ACCOUNT NO. 19591467	W	Open account opened 12/07				
Nco Fin/22 507 Prudential Rd Horsham, PA 19044-2308						90.00
ACCOUNT NO.		Assignee or other notification for: Nco Fin/22				
Sprint PCS PO Box 219554 Kansas City, MO 64121-9554						
ACCOUNT NO. 25912756	H	Open account opened 8/05				
Nco- Medclr PO Box 8547 Philadelphia, PA 19101-8547						448.00
ACCOUNT NO.		Assignee or other notification for: Nco- Medclr				
Cottage Emergency Physicians 7531 S Stony Island Ave Chicago, IL 60649-3954						

IN RE Buchanan, Angela Bradford & Buchanan, William

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>20066996</b> <b>Nco- Medclr</b> <b>PO Box 8547</b> <b>Philadelphia, PA 19101-8547</b>	<b>H</b>	<b>Open account opened 2/04</b>				<b>287.00</b>
ACCOUNT NO. <b>Cottage Emergency Physicians</b> <b>7531 S Stony Island Ave</b> <b>Chicago, IL 60649-3954</b>		<b>Assignee or other notification for:</b> <b>Nco- Medclr</b>				
ACCOUNT NO. <b>641717</b> <b>Nicor Gas</b> <b>1844 W Ferry Rd</b> <b>Naperville, IL 60563-9662</b>	<b>H</b>	<b>Open account opened 6/03</b>				<b>223.00</b>
ACCOUNT NO. <b>31863032</b> <b>Oxford Collection Serv</b> <b>135 Maxess Rd Ste 2A</b> <b>Melville, NY 11747-3801</b>	<b>W</b>	<b>Open account opened 7/08</b>				<b>549.00</b>
ACCOUNT NO. <b>Direct TV</b> <b>PO Box 6550</b> <b>Greenwood Village, CO 80155-6550</b>		<b>Assignee or other notification for:</b> <b>Oxford Collection Serv</b>				
ACCOUNT NO. <b>4556343</b> <b>Pellettieri</b> <b>991 Oak Creek Dr</b> <b>Lombard, IL 60148-6408</b>	<b>H</b>					<b>6,165.00</b>
ACCOUNT NO. <b>St Margaret Mercy Hospital</b> <b>5454 Hohman Ave</b> <b>Hammond, IN 46320-1931</b>		<b>Assignee or other notification for:</b> <b>Pellettieri</b>				

Sheet no. 9 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **7,224.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Buchanan, Angela Bradford & Buchanan, William

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>923r0385606</b> <b>Rjm Acq Llc</b> <b>575 Underhill Blvd Ste 2</b> <b>Syosset, NY 11791-3426</b>	<b>H</b>	<b>Open account opened 11/06</b>				<b>335.00</b>
ACCOUNT NO. <b>Charter One</b> <b>Citizens Financial Group</b> <b>1 Citizens Plz Ste 1</b> <b>Providence, RI 02903-1345</b>		<b>Assignee or other notification for:</b> <b>Rjm Acq Llc</b>				
ACCOUNT NO. <b>888r6071514</b> <b>Rjm Acq Llc</b> <b>For Charter One Bank Checking Acct</b> <b>575 Underhill Blvd Ste 2</b> <b>Syosset, NY 11791-3426</b>	<b>H</b>	<b>Open account opened 8/07</b>				<b>134.00</b>
ACCOUNT NO. <b>Charter One</b> <b>Citizens Financial Group</b> <b>1 Citizens Plz Ste 1</b> <b>Providence, RI 02903-1345</b>		<b>Assignee or other notification for:</b> <b>Rjm Acq Llc</b>				
ACCOUNT NO. <b>32495</b> <b>Tnb - Target</b> <b>PO Box 673</b> <b>Minneapolis, MN 55440-0673</b>	<b>W</b>	<b>Revolving account opened 11/04</b>				<b>267.00</b>
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **10** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **736.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$ **52,877.00**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>Physical Aid Ingalls Memorial Hospital 9 years 1 Ingalls Dr Harvey, IL 60426-3558</b>	<b>Not Working 1 years</b>

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>2,016.47</b>	\$
2. Estimated monthly overtime	\$	\$
<b>3. SUBTOTAL</b>	<b>\$ 2,016.47</b>	<b>\$ 0.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>338.96</b>	\$
b. Insurance	\$ <b>141.78</b>	\$
c. Union dues	\$	\$
d. Other (specify)	\$	\$
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 480.74</b>	<b>\$ 0.00</b>
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 1,535.73</b>	<b>\$ 0.00</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance (Specify)	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify) <b>Unemployment</b>	\$	\$ <b>1,189.50</b>
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ 1,189.50</b>	<b>\$ 1,189.50</b>
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 1,535.73</b>	<b>\$ 1,189.50</b>
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 2,725.23</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**



SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,142.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 300.00
b. Water and sewer	\$ 24.00
c. Telephone	\$ 35.00
d. Other <u>Cell Phone</u>	\$ 100.00
<u>Cable And Internet</u>	\$ 75.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 400.00
5. Clothing	\$ 50.00
6. Laundry and dry cleaning	\$ 20.00
7. Medical and dental expenses	\$ 50.00
8. Transportation (not including car payments)	\$ 150.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ 96.50
b. Life	\$
c. Health	\$
d. Auto	\$ 140.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) <u>Real Estate Taxes</u>	\$ 203.83
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 139.00
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 2,925.33

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 2,725.23
b. Average monthly expenses from Line 18 above	\$ 2,925.33
c. Monthly net income (a. minus b.)	\$ -200.10

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: January 9, 2009 Signature: /s/ Angela Bradford Buchanan  
Angela Bradford Buchanan Debtor

Date: January 9, 2009 Signature: /s/ William Buchanan  
William Buchanan (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

\_\_\_\_\_

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

**Buchanan, Angela Bradford & Buchanan, William**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
21,697.00	2007 Income from employment (wife)
24,100.00	2008 Income from employment (wife)
2,016.00	2009 Income from employment (monthly) (wife)
22,000.00	2007 Income from employment (husband)
0.00	2008 - 2009 Income from employment (husband)

**Husband has not worked since 2007**

**2. Income other than from employment or operation of business**

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
9,882.00	2008 Income from Unemployment (husband)
1,098.00	2009 Income from Unemployment (monthly)
7,560.00	2007 Income from SSI for son
7,560.00	2008 Income from SSI for son

**SSI for son stopped in 2008 because he turned 18**

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Citimortgage Inc</b> <b>PO Box 9438</b> <b>Gaithersburg, MD 20898-9438</b>	<b>Last 3 months</b>	<b>3,429.00</b>	<b>127,435.00</b>

- None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**9. Payments related to debt counseling or bankruptcy**

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Gleason &amp; Gleason</b> <b>77 W Washington, Ste 1218</b> <b>Chicago, IL 60602</b>	<b>10/31/2008</b>	<b>351.00</b>

**10. Other transfers**

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

**11. Closed financial accounts**

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**12. Safe deposit boxes**

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**13. Setoffs**

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

None ☒ List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**16. Spouses and Former Spouses**

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: January 9, 2009 Signature /s/ Angela Bradford Buchanan  
of Debtor **Angela Bradford Buchanan**

Date: January 9, 2009 Signature /s/ William Buchanan  
of Joint Debtor **William Buchanan**  
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. \_\_\_\_\_

**Buchanan, Angela Bradford & Buchanan, William**

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 130,000.00		
B - Personal Property	Yes	3	\$ 16,250.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 131,644.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		\$ 52,877.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 2,725.23
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,925.33
TOTAL		22	\$ 146,250.00	\$ 184,521.00	

IN RE:

Case No. \_\_\_\_\_

**Buchanan, Angela Bradford & Buchanan, William**

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 2,725.23
Average Expenses (from Schedule J, Line 18)	\$ 2,925.33
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 2,931.47

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 709.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 52,877.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 53,586.00



IN RE:

Buchanan, Angela Bradford

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Angela Bradford Buchanan

Date: January 9, 2009

IN RE:

Buchanan, William

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ William Buchanan

Date: January 9, 2009

IN RE:

Buchanan, Angela Bradford & Buchanan, William

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (Part A must be fully completed for *EACH* debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> American General Finan	<b>Describe Property Securing Debt:</b> 1999 Chevy Lumina
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
<b>Creditor's Name:</b> Citifinancial	<b>Describe Property Securing Debt:</b> Residence at:
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: January 9, 2009

/s/ Angela Bradford Buchanan

Signature of Debtor

/s/ William Buchanan

Signature of Joint Debtor

IN RE:

Case No. \_\_\_\_\_

Buchanan, Angela Bradford & Buchanan, William

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 53

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: January 9, 2009

/s/ Angela Bradford Buchanan

Debtor

/s/ William Buchanan

Joint Debtor

Buchanan, Angela Bradford  
14636 Clark St  
Dolton, IL 60419-1526

Beneficial/hfc  
PO Box 1547  
Chesapeake, VA 23327-1547

Cottage Emergency Physicians  
7531 S Stony Island Ave  
Chicago, IL 60649-3954

Buchanan, William  
14636 Clark St  
Dolton, IL 60419-1526

Best Buy Co, Inc  
7601 Penn Ave S  
Minneapolis, MN 55423-3645

Creditors Discount And A  
415 E Main St  
Streator, IL 61364-2927

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Cavalry Portfolio Serv  
7 Skyline Dr Ste 3  
Hawthorne, NY 10532-2162

Dependon Collection Se  
For Pathology Associates Of Chicago  
120 W 22nd St Ste 360  
Oak Brook, IL 60523-1511

American General Finan  
PO Box 1456  
Homewood, IL 60430-0456

Cb Accts Inc  
1101 Main St  
Peoria, IL 61606-1928

Dependon Collection Se  
For Sullivan Urgent Aid  
120 W 22nd St Ste 360  
Oak Brook, IL 60523-1511

Americarecov  
PO Box 176610  
Covington, KY 41017-6610

Cb Usa Inc  
5252 S Hohman Ave  
Hammond, IN 46320-1723

Direct TV  
PO Box 9001069  
Louisville, KY 40290-1069

Americash Loan  
880 Lee St Ste 302  
Des Plaines, IL 60016-6487

CCB Credit Services  
PO Box 272  
Springfield, IL 62705-0272

Direct TV  
PO Box 6550  
Greenwood Village, CO 80155-6550

Americash Loan  
3200 W 159th St  
Markham, IL 60428-4055

Charter One  
Citizens Financial Group  
1 Citizens Plz Ste 1  
Providence, RI 02903-1345

Emergency Medical Specialists II  
34404 Eagle Way  
Chicago, IL 60678-0001

Anderson Crenshaw Asso  
For First Detection Systems Inc  
12801 N Central Expy  
Dallas, TX 75243-1716

Chex Systems  
7805 Hudson Rd Ste 100  
Saint Paul, MN 55125-1595

Fifth Third Bank  
1850 E Paris Ave SE  
Grand Rapids, MI 49546-6253

At& T Mobility  
Formerly Cingular Wireless  
PO Box 6428  
Carol Stream, IL 60197

Circuitry City Stores, Inc  
9950 Mayland Dr # A  
Richmond, VA 23233-1463

Financial Asset Mgmt I  
PO Box 451409  
Atlanta, GA 31145-9409

At&T  
PO Box 451409  
Atlanta, GA 31145-9409

Citifinancial  
PO Box 499  
Hanover, MD 21076-0499

First Choice Loans  
1513 Sibley Blvd  
Calumet City, IL 60409-2303

First Detection Systems Inc  
2175 Vernon Dr Ste 1  
Elgin, IL 60123-4957

Nco Fin/22  
507 Prudential Rd  
Horsham, PA 19044-2308

Sprint Nextel  
2001 Edmund Halley Dr  
Reston, VA 20191-3436

Harvard Collection  
4839 N Elston Ave  
Chicago, IL 60630-2534

Nco Financial  
507 Prudential Rd  
Horsham, PA 19044-2308

Sprint PCS  
PO Box 219554  
Kansas City, MO 64121-9554

Hsbc Bank  
PO Box 5253  
Carol Stream, IL 60197-5253

Nco- Medclr  
PO Box 8547  
Philadelphia, PA 19101-8547

St James Hospital And Health Center  
37653 Eagle Way  
Chicago, IL 60678-0001

Il Dept Of Healthcare  
509 S 6th St  
Springfield, IL 62701-1825

Nicor Gas  
1844 W Ferry Rd  
Naperville, IL 60563-9662

St Margaret Mercy Hospital  
5454 Hohman Ave  
Hammond, IN 46320-1931

Ingalls Memorial Hospital  
1 Ingalls Dr  
Harvey, IL 60426-3558

Oxford Collection Serv  
135 Maxess Rd Ste 2A  
Melville, NY 11747-3801

Telecheck  
5251 Westheimer Rd  
Houston, TX 77056-5412

Instant Cash Advance  
1205 E Sibley Blvd  
Dolton, IL 60419-2928

Pathology Chp  
PO Box 2486  
Indianapolis, IN 46206-2486

Tnb - Target  
PO Box 673  
Minneapolis, MN 55440-0673

Jackson Park Hospital  
7531 S Stony Island Ave # 1  
Chicago, IL 60649-3954

Pellettieri  
991 Oak Creek Dr  
Lombard, IL 60148-6408

Kmart  
Sears Holding Corporation  
3333 Beverly Rd  
Hoffman Estates, IL 60192-3322

Rjm Acq Llc  
575 Underhill Blvd Ste 2  
Syosset, NY 11791-3426

Melanie Fitness Center  
14900 Greenwood Rd  
Dolton, IL 60419-2913

Rjm Acq Llc  
For Charter One Bank Checking Acct  
575 Underhill Blvd Ste 2  
Syosset, NY 11791-3426

Mutual Hsp Srvcs In  
2525 N Shadeland Ave  
Indianapolis, IN 46219-1787

Roseland Community Hospital  
67 W 111th St  
Chicago, IL 60628-4247



SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



IN RE:

Case No. \_\_\_\_\_

Buchanan, Angela Bradford & Buchanan, William

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **676.00**

Prior to the filing of this statement I have received ..... \$ **351.00**

Balance Due ..... \$ **325.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Litigation / Adversary Proceedings**  
**\$400.00 for Motions to Redeem**  
**Credit Counseling Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**January 9, 2009**

Date

**/s/ Nicolette Robovsky**

**Nicolette Robovsky 6278336**  
**Gleason & Gleason**  
**77 W Washington, Ste 1218**  
**Chicago, IL 60602**  
**(312) 578-9530 Fax: (312) 578-9524**

Form  
1040EZ

Department of the Treasury—Internal Revenue Service

**Income Tax Return for Single and  
Joint Filers With No Dependents 2007**

OMB No. 1545-0074

**Label**  
(See page 8.)  
**Use the IRS  
label.**  
Otherwise,  
please print  
or type.  
  
**Presidential  
Election  
Campaign**  
(page 9)

L A B E L  H E R E	Your first name and initial <b>William L</b>		Last name <b>Buchanan</b>		Your social security number <b>228-54-2411</b>	
	If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
	Home address (number and street). If you have a P.O. box, see page 9. <b>14636 Clark</b>				Apt. no.	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 9. <b>Dolton IL 60419</b>					

Check here if you, or your spouse if a joint return, want \$3 to go to this fund: ☐ You ☐ Spouse

**Income**

**Attach  
Form(s) W-2  
here.**

Enclose, but  
do not attach,  
any payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	<b>22,000</b>
2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
3	Unemployment compensation and Alaska Permanent Fund dividends (see page 10).	3	
4	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	4	<b>22,000</b>
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input checked="" type="checkbox"/> <b>You</b> <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$8,750 if single; \$17,500 if married filing jointly. See back for explanation.	5	<b>8,750</b>
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	6	<b>14,250</b>
7	Federal income tax withheld from box 2 of your Form(s) W-2.	7	
8a	<b>Earned income credit (EIC).</b>	8a	
b	Nontaxable combat pay election.	8b	
9	Add lines 7 and 8a. These are your <b>total payments</b> .	9	

**Payments  
and tax**

**Refund**

Have it directly  
deposited! See  
page 15 and fill  
in 11b, 11c,  
and 11d or  
Form 8888.

10	Tax. Use the amount on line 6 above to find your tax in the tax table on pages 18-26 of the booklet. Then, enter the tax from the table on this line.	10	<b>4,743</b>
11a	If line 9 is larger than line 10, subtract line 10 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	11a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		

**Amount  
you owe**

12	If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. For details on how to pay, see page 16.	12	<b>4,743</b>
----	---	----	--------------

**Third party  
designee**

Do you want to allow another person to discuss this return with the IRS (see page 16)? ☐ Yes. Complete the following. ☒ No

**Sign  
here**

Joint return?  
See page 6.  
Keep a copy  
for your  
records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature <b>William Buchanan</b>	Date <b>12-3-08</b>	Your occupation <b>none</b>	Daytime phone number <b>708 612-2499</b>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid  
preparer's  
use only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879**Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records. See instructions.

OMB No. 1545-0074

**2007**Declaration Control Number (DCN) **00-367401-10913-8**

Taxpayer's name

**BRADFORD, ANGELA**

Social security number

**343-68-5820**

Spouse's name

Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2007 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	21,697
2	Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	1,464
4	Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a)	4	6,348
5	Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the RS and to receive from the RS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronics funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the RS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Jackson Hewitt Tax Service to enter or generate my PIN 64687  
ERO firm name do not enter all zeros

☐ as my signature on my tax year 2007 electronically filed income tax return.  
☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only  
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Date ▶ **01/31/2008**

Spouse's PIN: check one box only

☐ I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_  
ERO firm name do not enter all zeros

☐ as my signature on my tax year 2007 electronically filed income tax return.  
☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only  
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

**Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 36740104498  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Annie Harris Date ▶ **01/31/2008**

ERO Must Retain This Form - See Instructions

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879** (2007)BRADFORD, ANGELA D  
10913

Tax Year: 2007

Federal Document

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Primary : 343-68-5820 ANGELA D BRADFORD

C  
Page: 1

## \* Form W-2 \*

Employer EIN 36-2170866  
 Employer Name INGALLS MEMORIAL  
 FedEarnings 21,697  
 FedWH 1,464  
 SSWages 21,963  
 SSWH 1,362  
 MediWages 21,963  
 MediWH 318  
 Employer Num 362170866  
 State Wages 21,697  
 St Whldg 531

Txbl Income 3,647  
 Tax 363  
 Total Tax 363  
 Dep Care Credit 363  
 Total Credits 363  
 Inc Tx Less Cr NONE  
 Total Tax NONE  
 Fed Tax Whld 1,464  
 EIC 3,392  
 Add Chld Tax CR 1,492  
 Tot Payments 6,348  
 Amt Overpaid 6,348  
 TP Refund 6,348  
 Est Tx Pnlty NONE  
 TP Occupation PHYSICAL THERAPY AIDE  
 Date Printed 01/31/2008 08:09:59 PM CST

## \* Form 1040, Pg 1 \*

TpDOB 12/25/1964  
 TP First Name ANGELA D  
 TP Last Name BRADFORD  
 TP SSN 343-68-5820  
 Street Address 14636 CLARK  
 City State Zip DOLTON, IL 60419  
 Federal filing HOH  
 TP Exmpt cbox YES  
 No of Exmpt 1  
 Child Tax Cr YES  
 Dependent Name AENTIA M BRADFORD  
 Dependent SSN 321-92-1398  
 Relationship DAUGHTER  
 Child Tax Cr YES  
 Dependent Name JEREMIAH BRADFORD  
 Dependent SSN 357-92-2422  
 Relationship SON  
 Dep live wth TP 2  
 Tot exmpt 3  
 Gross Wages 21,697  
 Total Income 21,697  
 Total Adjust NONE  
 Adj Gross Inc 21,697

## \* Form 2441, Pg 1 \*

TP Name ANGELA D BRADFORD  
 TP SSN 343-68-5820  
 Care Provider's BRADFORD HELEN  
 Address 15417 MYRTLE  
 City, State, Zi HARVEY, IL 60426  
 ID Number 332-38-3841  
 Amount Paid 1,716  
 First Name AENTIA M  
 Last Name BRADFORD  
 SSN 321-92-1398  
 CY exp incurr 1,716  
 Qual tot exp 1,716  
 Tp EI 21,697  
 Sp EI 21,697  
 Smallest exp 1,716  
 AGI 21,697  
 Credit rate .31  
 Tent child cr 532  
 Tax from 1040 363  
 Tax less FTC 363  
 Child Care Cred 363

## \* Form 1040, Pg 2 \*

TP SSN 343-68-5820  
 AGI 21,697  
 Item/Std Ded 7,850  
 AGI Minus Ded 13,847  
 Exempt Amount 10,200

## \* Sch EIC \*

Filing name ANGELA D BRADFORD  
 Tp SSN 343-68-5820  
 Child name JEREMIAH BRADFORD  
 Child SSN 357-92-2422

Tax Year: 2007

Federal Document

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Primary : 343-68-5820

ANGELA D BRADFORD

C  
Page: 2

Year of Birth 1996  
Relationship SON  
Mos lvd w/ TP 12  
Child name AENTIA M BRADFORD  
Child SSN 321-92-1398  
Year of Birth 1995  
Relationship DAUGHTER  
Mos lvd w/ TP 12

## \* Form 8812 \*

Filing name ANGELA D BRADFORD  
Filing cr 343-68-5820

Cr less limit	2,000
Excss chld cr	2,000
Txbl earned inc	21,697
Excess taxable Yes	
Ln 4a > \$11000	9,947
Ln 5 X 10%	1,492
Credit claimed No	
Max add chld cr	0
Addl chld tx cr	1,492

WAGES	HOURS	AMOUNT	YTD AMOUNT
REGULAR EARNINGS	56.30	652.52	15265.33
OVERTIME EARNINGS			847.93
HOLIDAY PAY			272.72
HOLIDAY PREMIUM PAY			201.27
MANDATORY MEETINGS			19.54
OTHER REGULAR PAY			8.11
PAID TIME OFF	4.00	46.36	1727.35
SHIFT DIFFERENTIAL			351.67
EXTEN IL	20.00	231.80	231.80
<b>TOTALS</b>	<b>80.30</b>	<b>930.68</b>	<b>18905.72</b>
<b>TAXABLE GROSS</b>		<b>896.20</b>	<b>18249.58</b>

DIRECT DEPOSIT ACCOUNT	ACCOUNT NUMBER	AMOUNT

DEDUCTIONS	AMOUNT	YTD AMOUNT
FEDERAL TAX WITHHELD	64.05	1196.18
FICA / MEDICARE	70.12	1419.36
ILLINOIS STATE TAX	22.27	445.95
SMART MONEY SUP	11.17	226.86
GIFT SHOP PURSE SALE		119.75
GIFT SHOP DEDUCTION		159.70
GIFT SHOP LEATHER		73.73
LONG TERM DISABILITY	2.78	51.05
PHARMACY DEDUCTION	8.11	27.80
TRANSAMERICA INS	39.35	865.70
LOAN PMT	26.62	212.96
ADD'L CH		-8.00
SM VOL	9.31	77.28
DENTAL 3	14.00	352.00
<b>DEDUCTIONS TOTALS</b>	<b>267.78</b>	<b>5220.32</b>
<b>NET PAY</b>	<b>662.90</b>	<b>13685.40</b>

INGALLS PAYROLL 15620 S. WOOD ST. HARVEY, IL 60426

BRADFORD, ANGELA

PERIOD END DATE 09/27/2008

CHECK NUMBER 00189981

EMPLOYEE NUMBER 000016475

WAGES	HOURS	AMOUNT	YTD AMOUNT
REGULAR EARNINGS	45.20	523.87	13910.46
OVERTIME EARNINGS			847.93
HOLIDAY PAY			272.72
HOLIDAY PREMIUM PAY			201.27
MANDATORY MEETINGS			19.54
OTHER REGULAR PAY			3.11
PAID TIME OFF	24.00	278.16	1530.32
SHIFT DIFFERENTIAL			331.67
<b>TOTALS</b>	<b>69.20</b>	<b>802.03</b>	<b>17122.02</b>
<b>TAXABLE GROSS</b>		<b>770.39</b>	<b>16533.13</b>

DIRECT DEPOSIT ACCOUNT	ACCOUNT NUMBER	AMOUNT

DEDUCTIONS	AMOUNT	YTD AMOUNT
FEDERAL TAX WITHHELD	45.17	1079.48
FICA / MEDICARE	60.29	1285.05
ILLINOIS STATE TAX	18.50	403.69
SMART MONEY SUP	9.62	205.45
GIFT SHOP PURSE SALE		119.75
GIFT SHOP DEDUCTION	47.99	159.70
GIFT SHOP LEATHER		73.73
LONG TERM DISABILITY	2.78	45.49
PHARMACY DEDUCTION		19.69
TRANSAMERICA INS	39.35	787.00
ADD'L CH		-8.00
LOAN PMT	26.62	159.72
SM VOL	8.02	59.44
DENTAL 3	14.00	324.00
<b>DEDUCTIONS TOTALS</b>	<b>272.34</b>	<b>4714.19</b>
<b>NET PAY</b>	<b>529.69</b>	<b>12407.83</b>

WAGES	HOURS	AMOUNT	YTD AMOUNT
REGULAR EARNINGS	56.30	652.52	15265.33
OVERTIME EARNINGS			847.93
HOLIDAY PAY			272.72
HOLIDAY PREMIUM PAY			201.27
MANDATORY MEETINGS			19.54
OTHER REGULAR PAY			8.11
PAID TIME OFF	4.00	46.36	1727.35
SHIFT DIFFERENTIAL			331.67
EXTEN IL	20.00	231.80	231.80
<b>TOTALS</b>	<b>80.30</b>	<b>930.68</b>	<b>18905.72</b>
<b>TAXABLE GROSS</b>		<b>896.20</b>	<b>18249.58</b>

DIRECT DEPOSIT ACCOUNT	ACCOUNT NUMBER	AMOUNT

DEDUCTIONS	AMOUNT	YTD AMOUNT
FEDERAL TAX WITHHELD	64.05	1196.18
FICA / MEDICARE	70.12	1419.36
ILLINOIS STATE TAX	22.27	445.95
SMART MONEY SUP	11.17	226.86
GIFT SHOP PURSE SALE		119.75
GIFT SHOP DEDUCTION		159.70
GIFT SHOP LEATHER		73.73
LONG TERM DISABILITY	2.78	51.05
PHARMACY DEDUCTION	8.11	27.80
TRANSAMERICA INS	39.35	865.70
LOAN PMT	26.62	212.96
ADD'L CH		-8.00
SM VOL	9.31	77.28
DENTAL 3	14.00	352.00
<b>DEDUCTIONS TOTALS</b>	<b>267.78</b>	<b>5220.32</b>
<b>NET PAY</b>	<b>662.90</b>	<b>13685.40</b>

INGALLS PAYROLL 15620 S. WOOD ST. HARVEY, IL 60426

BRADFORD, ANGELA

PERIOD END DATE 09/27/2008

CHECK NUMBER 00189981  
 EMPLOYEE NUMBER 000016475

WAGES	HOURS	AMOUNT	YTD AMOUNT
REGULAR EARNINGS	45.20	523.87	13910.46
OVERTIME EARNINGS			847.93
HOLIDAY PAY			272.72
HOLIDAY PREMIUM PAY			201.27
MANDATORY MEETINGS			19.54
OTHER REGULAR PAY			3.11
PAID TIME OFF	24.00	278.16	1530.32
SHIFT DIFFERENTIAL			331.67
<b>TOTALS</b>	<b>69.20</b>	<b>802.03</b>	<b>17122.02</b>
<b>TAXABLE GROSS</b>		<b>770.39</b>	<b>16533.13</b>

DIRECT DEPOSIT ACCOUNT	ACCOUNT NUMBER	AMOUNT

DEDUCTIONS	AMOUNT	YTD AMOUNT
FEDERAL TAX WITHHELD	45.17	1079.48
FICA / MEDICARE	60.29	1285.05
ILLINOIS STATE TAX	18.50	403.69
SMART MONEY SUP	9.62	205.45
GIFT SHOP PURSE SALE		119.75
GIFT SHOP DEDUCTION	47.99	159.70
GIFT SHOP LEATHER		73.73
LONG TERM DISABILITY	2.78	45.49
PHARMACY DEDUCTION		19.69
TRANSAMERICA INS	39.35	787.00
ADD'L CH		-8.00
LOAN PMT	26.62	159.72
SM VOL	8.02	59.44
DENTAL 3	14.00	324.00
<b>DEDUCTIONS TOTALS</b>	<b>272.34</b>	<b>4714.19</b>
<b>NET PAY</b>	<b>529.69</b>	<b>12407.83</b>

BRADFORD, ANGELA

INGALLS PAYROLL 15620 S. WOOD ST. HARVEY, IL 60426

Case 09-00534

Doc 1

Filed 01/09/09

Entered 01/09/09

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Desc Main

WAGES	HOURS	AMOUNT	YTD AMOUNT
REGULAR EARNINGS	72.60	841.44	13383.59
OVERTIME EARNINGS	6.10	106.05	847.93
HOLIDAY PAY	8.00	92.72	272.72
HOLIDAY PREMIUM PAY	7.50	130.39	201.27
MANDATORY MEETINGS			19.54
OTHER REGULAR PAY			3.11
PAID TIME OFF			1252.16
SHIFT DIFFERENTIAL			331.67
<b>TOTALS</b>	<b>94.20</b>	<b>1170.60</b>	<b>16315.99</b>
<b>TAXABLE GROSS</b>		<b>1130.84</b>	<b>15762.74</b>

DIRECT DEPOSIT ACCOUNT	ACCOUNT NUMBER	AMOUNT

DEDUCTIONS	AMOUNT	YTD AMOUNT
FEDERAL TAX WITHHELD	99.24	1034.31
FICA / MEDICARE	88.48	1224.76
ILLINOIS STATE TAX	29.31	385.19
SMART MONEY SUP	14.05	195.83
GIFT SHOP PURSE SALE	39.91	119.75
GIFT SHOP DEDUCTION		111.71
GIFT SHOP LEATHER		73.73
LONG TERM DISABILITY	2.78	42.71
PHARMACY DEDUCTION		19.69
TRANSAMERICA INS	39.35	747.65
ADD'L CH		-8.00
LOAN PMT	26.62	133.10
SM VOL	11.71	51.42
DENTAL 3	14.00	310.00
<b>DEDUC. TOTALS</b>	<b>365.45</b>	<b>4441.85</b>
<b>NET PAY</b>	<b>805.15</b>	<b>11878.14</b>

INGALLS PAYROLL 15620 S. WOOD ST. HARVEY, IL 60426

BRADFORD, ANGELA

PERIOD END DATE 08/30/2008

CHECK NUMBER 00188468

EMPLOYEE NUMBER 000016475

WAGES	HOURS	AMOUNT	YTD AMOUNT
REGULAR EARNINGS	78.70	912.13	12545.15
OVERTIME EARNINGS	0.40	6.96	741.88
HOLIDAY PAY			180.00
HOLIDAY PREMIUM PAY			70.88
MANDATORY MEETINGS			19.54
OTHER REGULAR PAY	0.70	8.11	8.11
PAID TIME OFF			1252.16
SHIFT DIFFERENTIAL			331.67
<b>TOTALS</b>	<b>79.80</b>	<b>927.20</b>	<b>15149.39</b>
<b>TAXABLE GROSS</b>		<b>892.80</b>	<b>14631.90</b>

DIRECT DEPOSIT ACCOUNT	ACCOUNT NUMBER	AMOUNT

DEDUCTIONS	AMOUNT	YTD AMOUNT
FEDERAL TAX WITHHELD	63.54	935.07
FICA / MEDICARE	69.86	1136.28
ILLINOIS STATE TAX	22.17	355.88
SMART MONEY SUP	11.13	181.78
GIFT SHOP PURSE SALE	39.92	79.84
GIFT SHOP DEDUCTION		111.71
GIFT SHOP LEATHER		73.73
LONG TERM DISABILITY	2.78	39.93
PHARMACY DEDUCTION		19.69
TRANSAMERICA INS	39.35	708.30
ADD'L CH		-8.00
LOAN PMT	26.62	106.48
SM VOL	9.27	39.71
DENTAL 3	14.00	296.00
<b>DEDUC. TOTALS</b>	<b>298.64</b>	<b>4076.40</b>
<b>NET PAY</b>	<b>628.52</b>	<b>11072.99</b>



INGALLS PAYROLL 15620 S. WOOD ST. HARVEY, IL 60426

BRADFORD, ANGELA

PERIOD END DATE 08/16/2008

CHECK NUMBER 00187738

EMPLOYEE NUMBER 000016475

WAGES	HOURS	AMOUNT	YTD AMOUNT
REGULAR EARNINGS	78.80	913.29	11633.02
OVERTIME EARNINGS	9.60	166.90	734.92
HOLIDAY PAY			180.00
HOLIDAY PREMIUM PAY			70.88
MANDATORY MEETINGS	1.20	13.91	19.54
PAID TIME OFF			1252.16
SHIFT DIFFERENTIAL			331.67
TOTALS	89.60	1094.10	14222.19
TAXABLE GROSS		1056.03	13739.10

DEDUCTIONS	AMOUNT	YTD AMOUNT
FEDERAL TAX WITHHELD	88.02	871.53
FICA / MEDICARE	82.62	1066.42
ILLINOIS STATE TAX	27.07	333.71
SMART MONEY SUP	13.13	170.65
GIFT SHOP PURSE SALE	39.92	39.92
GIFT SHOP DEDUCTION		111.71
GIFT SHOP LEATHER		73.73
LONG TERM DISABILITY	2.78	37.15
PHARMACY DEDUCTION		19.69
TRANSAMERICA INS	39.35	668.95
ADD'L CH		-8.00
LOAN PMT	26.62	79.86
SM VOL	10.94	30.44
DENTAL 3	14.00	282.00
DEDUC. TOTALS	344.45	3777.76
NET PAY	749.65	10444.43

DIRECT DEPOSIT ACCOUNT

ACCOUNT NUMBER

AMOUNT

--	--	--

2562

5003

**DIRECT DEPOSIT BENEFIT PAYMENT EXPLANATION**

IDENTIFICATION NUMBER.

02147341286

LOCAL OFFICE NUMBER.

14

WILLIAM L. BUCHANAN

14636 CLARK

DOLTON, IL 60419

DEPOSIT ID

11131466

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS						TOTAL	SUPPLEMENT	NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHLD. SUPP.			
10/11/2008	275.00						1.61	1.61		273.39
10/18/2008	275.00						1.61	1.61		273.39
PAYDATE	WEEKS	Payment Amount Reflects \$ 0.00 Withheld as Tax						TOTAL AMT.	\$	546.78
10/20/2008	2	300829405328 / 11131466								

YOUR PAYMENT HAS BEEN REDUCED BY THE AMOUNT OF YOUR CHILD SUPPORT DEDUCTION.  
 YOUR CURRENT SUBPROGRAM ACCOUNT IS ALMOST EXHAUSTED.

**NOTICE**

A total of \$546.78 was deposited into your bank account. Please contact your local office if your benefit payment was not correctly deposited. Visit the IDES website at [WWW.IDES.STATE.IL.US](http://WWW.IDES.STATE.IL.US) or contact your local office to change bank accounts or cancel your direct deposit authorization.

**IMPORTANT**

1. SAVE THIS INFORMATION AND BRING TO YOUR LOCAL OFFICE IF YOU HAVE ANY QUESTIONS ABOUT YOUR BENEFIT AMOUNT.
2. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL, COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
4. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

3537

6911

STATE OF ILLINOIS  
DEPARTMENT OF EMPLOYMENT SECURITY  
DIRECT DEPOSIT BENEFIT PAYMENT EXPLANATION

## IDENTIFICATION NUMBER.

## DEPOSIT ID

11183660

02147341286

WILLIAM L. BUCHANAN

## LOCAL OFFICE NUMBER.

14636 CLARK

14

DOLTON, IL 60419

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
10/25/2008	275.00						1.61	1.61		273.39
PAYDATE	WEEKS	Payment Amount Reflects \$ 0.00 Withheld as Tax							TOTAL AMT.	\$ 273.39
11/03/2008	1	300830805460 / 11183660								

YOUR PAYMENT HAS BEEN REDUCED BY THE AMOUNT OF YOUR CHILD SUPPORT DEDUCTION. YOU HAVE EXHAUSTED YOUR ENTITLEMENT TO REGULAR BENEFITS. IT IS NOT NECESSARY TO REPORT TO YOUR LOCAL OFFICE; A CLAIM FOR EMERGENCY UNEMPLOYMENT COMPENSATION WILL BE AUTOMATICALLY ESTABLISHED. INFORMATION REGARDING YOUR ELIGIBILITY WILL BE MAILED TO YOU.

## FOR LOCAL OFFICE USE:

EXHAUSTED SUBPROGRAM: A

BEN YR BEGIN: 02/10/2008

607B STATUS: A

## NOTICE

A total of \$273.39 was deposited into your bank account. Please contact your local office if your benefit payment was not correctly deposited. Visit the IDES website at [WWW.IDES.STATE.IL.US](http://WWW.IDES.STATE.IL.US) or contact your local office to change bank accounts or cancel your direct deposit authorization.

## IMPORTANT

1. SAVE THIS INFORMATION AND BRING TO YOUR LOCAL OFFICE IF YOU HAVE ANY QUESTIONS ABOUT YOUR BENEFIT AMOUNT.
2. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL, COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
4. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

Certificate Number: 00437-ILN-CC-005768120

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on January 2, 2009, at 3:44 o'clock PM MST,

Angela Bradford-Buchanan received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by telephone.

Date: January 2, 2009

By /s/Linda Randolph

Name Linda Randolph

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. \_\_\_\_\_

Buchanan, Angela Bradford & Buchanan, William

Debtor(s)

Chapter 7**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

**To Be Used When Filing over the Internet****PART I - DECLARATION OF PETITIONER**Date: November 14, 2008

A. To be completed in all cases.

I (We) Angela Bradford Buchanan and William Buchanan, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: Angela Bradford Buchanan  
(Debtor or Corporate Officer, Partner or Member)

Signature: William Buchanan  
(Joint Debtor)